US Department of Lehor Office of Labor Mañage ient € Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U ~889 9	2 Fiscal Year Covered From
	1/1/2004 Through 12/31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name VINCENT T MAISAND	Name Communications Workers of American Labor Organization File Number 032,92/
PO Box Bldg Room No If any	P O Box Building and Room Number if any;
Street 1012 PUTWAM BLVD	Street 230 S BROAD ST 19th FL
City [WALLINGFORD]	City PHILADELPHIA
State PA ZIP Code + 4 / 9686	State PA ZIP Code + 4 1 7 1 0 2
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income , The Think of The Dinver ontgs with	
Name VERIZONS-PAINE	TA Nature of Interest, Transaction or Income THAD TWO OR THREED INVER MTGS WITH DAN WHALEN WHO I ASSUME WAS ACTING FOR VEKIZON INC AND THAT EMPLOYER	
Trade Name if any	DAID FOR THE DINNERS JIM O'ROUKE WAS	
PO Box Bldg Room No If any	PRESENT AT TIMES HE IS THE PRESENT PRESIDENT OF VERIZIN INC	
Street 1717 ARCh 57	TO NOT KNOW THE COST OF THESE DINNELS SINCE I DID NOT SEE THE CHECK OR PAY FOR	
City AUGER PHILADELPHIA	SUCH DINNERS I ASSUME THE COST WAS IN EXCESS OF #25 00	
State PA ZIP Code + 4		

Signature

15 Signature and verification The undersigned declares under penalty of is submitted in this report (including the information contained in any accompany undersigned a knowledge and belief true correct, and complete (See the second	ng documents) has been exa	imined by the signatory and is to the best of the
Signed Company	On <u>7-27- 05</u>	610 872 - 9242 Telephone Number

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Trade Name if any	a Labor Organization	
PO Box Bidg Room No if any	b Trust	
Street	c Employer	
City 7 State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	i .	
Trade Name If any PO Box Bidg Room No If any		
Street	11 h Approximate dellar value of push dopling	
City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	
State ZIP Code + 4	i t	
	12 b Amount	
-C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment I RECEIVED A COMPLIMENTARY ROOM	
Name TAT MAHAL HOTEL	(SUTE) FROM THE TAJ MAKAL HOTEL NUMBER SUPERBOUL WEEK IN 2004	
Trade Name If any	This may have BREN BECAUSE MY FA	
P O Box Bldg Room No If any	HELD A CONFERENCE HIDJOR LOCAL CONTRACT TO AT TO 1 HOEL I USED THE ROOM	
Street	THREE NIGHTS ON SUBERBOWL LEEKENS	
State N_J ZIP Code +4	20,4	
13 b is the Business an Employer or Consultant ?	14b Amount of payment. I DO + OT KNOW THE VALUE OF THE SX TE I ASSUME IT IS BETWEEN 300 AND 400 DOLLARS	

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leaning directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8. Name and address of Business (including trade name if any) 9 Business deals with Name a Labor Organization Trade Name if any **b** Trust PO Box Bldg Room No if any c Employer Street City ~ ZIP Code + 4 State 11 a. Nature of such dealing 10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any PO Box, Bldg. Room No. if any Street 11 b. Approximate dollar value of such dealing City 12.a. Nature of interest held or income received. State ZIP Code + 4 12 b Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MARKOUS TO + Richman's LAUS FIRM Trade Name if any PO Box Eldg Room No if any Street /2/ SOUTH BROAD ST City PHILADELPHIA State PA ZIP Cods +4 19102	GIFT AT CHRISTMAS TIME OF THREE BOTTLES OF LIQUOR VALUED AT APPROXIMATELY SEVENTY DOLLARS	
13 b is the Business an Employer or Consultant ?	14 b. Amount of payment. APPROXIMATELY \$ 70 00	